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1: Semin Arthritis Rheum. 1992 Jun;21(6):355-67.

Treatment of psoriatic arthropathy.

Goupille P, Soutif D, Valat JP.

Department of Rheumatology, University of Tours, Trousseau Hospital, France.

Psoriatic arthritis develops in 5% of patients with cutaneous psoriasis. Management is similar to that of other chronic inflammatory joint diseases, and the characteristic features of psoriatic arthritis should be considered: the disease is usually mild, with unpredictable flares and remissions, and skin disease is a concomitant feature. Nonsteroidal antiinflammatory agents are the mainstay of therapy and usually provide adequate control. Among long-term treatments, parenteral gold salts, methotrexate, and azathioprine have been shown to be effective. Retinoids are often used in patients with extensive skin lesions. Other treatments are currently being evaluated (auranofin, colchicine, D-penicillamine, sulfasalazine, cyclosporine, and gamma-interferon). Antimalarials are difficult to handle and may cause progression of skin lesions. Topical treatments are indicated in every case. Indications depend on the specific features of psoriatic arthritis, the clinical pattern, and the severity of the condition.

Publication Types:
- Review

PMID: 1626281 [PubMed - indexed for MEDLINE]

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Sulfasalazine therapy for psoriatic arthritis: a double blind, placebo controlled trial.

Gupta AK, Grober JS, Hamilton TA, Ellis CN, Siegel MT, Voorhees JJ, McCune WJ.

Department of Internal Medicine, University of Michigan Medical Center, Ann Arbor, USA.

OBJECTIVE. Psoriatic arthritis (PsA) is often poorly responsive to 2nd line antirheumatic drug therapy. Sulfasalazine has recently gained wide acceptance in the treatment of rheumatoid arthritis, and beneficial effects have also been noted in ankylosing spondylitis and reactive arthritis. We report a double blind placebo controlled study of sulfasalazine in PsA. METHODS. Twenty-four patients with active PsA were randomized to receive either sulfasalazine (3 g/day) ($n = 10$) or placebo ($n = 14$) for 8 weeks, in a double blind manner, followed by an 8 week open label crossover phase for nonresponding placebo patients. RESULTS. Compared with placebo controls, sulfasalazine treated patients were significantly improved at Weeks 4 and 8 with respect to physician ($p < 0.01$) and patient ($p < 0.05$) global assessments. Duration of morning stiffness was significantly decreased at Week 8 ($p < 0.01$). Clinical variables of disease activity returned to baseline after a 4 week drug washout period in 5 evaluable patients. Six patients in the placebo group crossed over to an 8 week open label phase and demonstrated significant improvements in joint scores, 50 ft walking time, and global patient assessment. Sulfasalazine treated patients also showed significant improvements in cutaneous involvement. CONCLUSION. Sulfasalazine was effective in PsA, with efficacy observed as early as the 4th week of treatment. Longterm studies are needed to determine whether such therapy can modify disease outcome.

Publication Types:
- Clinical Trial
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